

Complete only one survey per household.

☐ **SHELTERED PERSON**

Facility Name: _____
 Program Name: _____
 Primary County of Program: _____

First Name: _____
 Last Name: _____
 Initials: _____

☐ **UNSHeltered PERSON**

Have you already been asked these questions today?

☐ No ☐ Yes (stop here!)

Survey Location: _____
County : _____

Birth Date: _____
SSN: _____ - _____ - _____
Gender: ☐ Male ☐ Female

Select only one option for each question below unless otherwise noted.

ETHNICITY

- ☐ Hispanic/Latino
- ☐ Non-Hispanic/Non-Latino

RACE (Select all that apply)

- ☐ American Indian or Alaska Native
- ☐ Black or African- American
- ☐ White
- ☐ Asian
- ☐ Native Hawaiian or
or Pacific Islander

Where Did You Sleep Last Night?/Residence Prior to Entry

- ☐ Emergency Shelter
- ☐ Transitional Housing
- ☐ Place not meant for human habitation (street, car, etc.)
- ☐ Psychiatric hospital or facility
- ☐ Substance abuse treatment facility/detox ctr.
- ☐ Hospital (non-psychiatric)
- ☐ Jail/prison/juvenile detention center
- ☐ Permanent housing for formerly homeless
- ☐ Apartment/House - Own
- ☐ Apartment/Room/House – Rent
- ☐ Staying in a family member's room/ap't/house
- ☐ Staying/living with a friend
- ☐ Motel paid for without emer. shelter voucher
- ☐ Foster care home/group home
- ☐ Other _____

How Many Episodes of Homelessness have You Had in the Past 3 Years?

- ☐ 1 ☐ 2 ☐ 3 ☐ 4
- ☐ 5 ☐ 6 ☐ 7 ☐ 8
- ☐ 9 ☐ 10 or more

Episode = a separate, distinct and sustained stay on the streets and/or in an emergency homeless shelter.

How Long Have You Been Homeless (current episode only)?

- ☐ 0-30 days
- ☐ 31-60 days
- ☐ 61-90 days
- ☐ 91-180 days
- ☐ between 6 -12 months
- ☐ 12 months or longer
- ☐ Unknown

INDIVIDUAL / FAMILY TYPE

Include yourself and only family members staying with you.

- ☐ Individual Male
- ☐ Individual Female
- ☐ Individual Male - Youth (<18)
- ☐ Individual Female - Youth (<18)
- ☐ Single Parent Family - Male Head
- ☐ Single Parent Family - Female Head
- ☐ Single Parent Family - Youth Head
- ☐ Two Parent Family - Adult
- ☐ Two Parent Family - Youth
- ☐ Adult Couple without Children

Number of Children: _____
 (Include only children under 18 currently staying with you)

Number of Adults in Family: _____
 (Do **NOT** include yourself!)

Are you a veteran? (served in U.S. Armed Forces or activated into active duty as a member of the National Guard or as a Reservist)

- ☐ No
- ☐ Yes

Are you a domestic violence victim/survivor?

- ☐ No
- ☐ Yes

Have you ever been diagnosed with or told that you have any of the following disabling conditions?

(Select all that apply)

- ☐ None
- ☐ Physical Disability
- ☐ Developmental Disability
- ☐ Chronic Health Condition
- ☐ HIV/AIDS
- ☐ Mental Health
- ☐ Drug/Alcohol Abuse

Definition of Homeless:

An unsheltered homeless person resides in a place not meant for human habitation: such as cars, parks, sidewalks, abandoned buildings, streets, parks, etc.

A sheltered homeless person resides in:

- Emergency shelters. Includes temporary emergency weather shelters and domestic violence shelters.
- Transitional housing (for homeless persons who originally came from the streets or emergency shelters).
- Residential programs for runaway/homeless youth (not foster care or government funded youth programs)
- Hotel, motel, or apartment voucher arrangements paid for by a public/private agency because the person or family is homeless.

Definition of Disabling Condition:

A physical, mental, or emotional impairment which is (a) expected to be of long-continued and indefinite duration, (b) substantially impedes an individual's ability to live independently, and (c) of such a nature that such ability could be improved by more suitable housing conditions; (d) the disease of acquired immunodeficiency syndrome or any conditions arising from the etiological agency for acquired immunodeficiency syndrome; or (e) a diagnosable substance abuse disorder.